

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2006

through

07

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

12

07

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		941820.56
(b) Cash on Hand at Beginning of Reporting Period	963398.56	
(c) Total Receipts (from Line 19)	126571.16	701738.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1089969.72	1643558.76
7. Total Disbursements (from Line 31)	145860.87	699449.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	944108.85	944108.85
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	49300.19	244182.11
(i) Itemized (use Schedule A)		
(ii) Unitemized	40932.64	128556.03
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	90232.83	372738.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	6666.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	90232.83	379404.14
12. Transfers From Affiliated/Other Party Committees	36000.00	318500.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	338.33	2334.06
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	126571.16	701738.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	126571.16	701738.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	8647.83	19308.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	8647.83	19308.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	101713.00	645001.00
24. Independent Expenditure (use Schedule E)	35000.04	35000.04
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	140.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	500.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	500.00	140.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	145860.87	699449.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	145860.87	699449.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	90232.83	379404.14
34. Total Contribution Refunds (from Line 28(d))	500.00	140.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89732.83	379264.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8647.83	19308.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8647.83	19308.87

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 93

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. AZHHA Political Action Committee (Federal)

Mailing Address 2901 North Central Avenue
Suite 900

City State Zip Code
Phoenix AZ 85012

FEC ID number of contributing
federal political committee.

C C00217687

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 6 / 2 0 0 6

Transaction ID: 12686741

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)
B. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing
federal political committee.

C C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

67000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 0 6

Transaction ID: 12770715

Amount of Each Receipt this Period

6000.00

Full Name (Last, First, Middle Initial)
C. New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing
federal political committee.

C C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 6

Transaction ID: 12771138

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

26000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 93

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Health Alliance of PA PAC - Federal

Mailing Address Post Office Box 8600

City State Zip Code
Harrisburg PA 17105-8600

FEC ID number of contributing
federal political committee.

C C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 0 6

Transaction ID: 12791495

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

36000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Robert L. Shircliff

Mailing Address 2104 Rudy Lane

City State Zip Code
Louisville KY 40207-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewish Hospital & St. Mar-
y's HealthCare

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772832

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Mr. Thomas E Wilhelmsen, Jr.

Mailing Address P O Box 2014

City State Zip Code
Nashua NH 03061-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern New Hampshire Me-
dical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772839

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Henry D Lipman

Mailing Address 80 Highland Street

City State Zip Code
Laconia NH 03246-3298

FEC ID number of contributing
federal political committee.

C

Name of Employer
LRG Healthcare

Occupation
Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772840

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Peter L Gosline
Mailing Address 452 Old Street Road

City State Zip Code
Peterborough NH 03458-1295

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monadnock Community Hospi-
tal

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772841

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Bruce King
Mailing Address 273 County Road

City State Zip Code
New London NH 03257-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
New London Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772842

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Claire L Bowen
Mailing Address 243 Elm Street

City State Zip Code
Claremont NH 03743-2099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Regional Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772843

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Karen O Moore, , R.N., MS

Mailing Address 164 High Street

City State Zip Code
 Greenfield MA 01301-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franklin Medical Center

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772846

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Jacqueline L. Gonzalez

Mailing Address 12350 S.W. 106th Street

City State Zip Code
 Miami FL 33186-3703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Children's Hospital

Occupation
Vice President, Patient Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772847

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Doug Bentz

Mailing Address 200 Hospital Drive

City State Zip Code
 Spencer WV 25276-1050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roane General Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772848

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas J Corder

Mailing Address P O Box 718

City

Parkersburg

State

WV

Zip Code

26102-0718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Camden-Clark Memorial Hos-
pital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772849

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Sandra Elza

Mailing Address P O Box 720

City

Ripley

State

WV

Zip Code

25271-0720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jackson General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772854

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. J. Thomas Jones, CHE

Mailing Address 3106 N. Greystone Drive

City

Morgantown

State

WV

Zip Code

26508-8601

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Virginia United Heal-
th System

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772855

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Michael A King

Mailing Address P O Box 718

City State Zip Code
 Parkersburg WV 26102-0718

FEC ID number of contributing federal political committee.

C

Name of Employer
Camden-Clark Memorial Hos-
pitalOccupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772856

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Howard Neiberg, M.D.

Mailing Address 1388 National Road #3

City State Zip Code
 Wheeling WV 26003-5715

FEC ID number of contributing federal political committee.

C

Name of Employer
Reynolds Memorial HospitalOccupation
Director, Radiology Department

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772859

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Ali Rahimian, MD

Mailing Address 114 Allison Avenue

City State Zip Code
 Bridgeport WV 26330-2502

FEC ID number of contributing federal political committee.

C

Name of Employer
United Hospital CenterOccupation
Director, Obstetrics & Gynecology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772860

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Michael G Sellards

Mailing Address 2900 First Avenue

City State Zip Code
Huntington WV 25702-1241

FEC ID number of contributing federal political committee.

C

Name of Employer
St. Mary's Medical CenterOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772861

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. John Sicurella

Mailing Address 800 Wheeling Avenue

City State Zip Code
Glen Dale WV 26038-1660

FEC ID number of contributing federal political committee.

C

Name of Employer
Reynolds Memorial HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772862

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Steven J. Summer

Mailing Address 7335 East Orchard Road
Suite 100

City State Zip Code
Greenwood Village CO 80111-2582

FEC ID number of contributing federal political committee.

C

Name of Employer
Colorado Hospital AssociationOccupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 6

Transaction ID: 12772863

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Timothy M. Callaghan		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 14006 West 73rd Street		Transaction ID: 12780198
City State Zip Code Shawnee KS 66216-3794	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Saint Luke's Northland Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Mr. Donald E. Kalicak		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 160 Hunters Pointe Drive		Transaction ID: 12781817
City State Zip Code Saint Charles MO 63304-7129	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. John's Mercy Health Care	Occupation Director, Planning & Public Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Mr. Lowell C. Kruse, FACHE		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 7300 SE 75th Road		Transaction ID: 12782370
City State Zip Code Saint Joseph MO 64507-8073	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Heartland Health	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Roy G Vinyard

Mailing Address 2650 Siskiyou Blvd, Suite 200

City State Zip Code
Medford OR 97504-8170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Asante Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: 12788316

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Andrew S. Davidson

Mailing Address 4000 Kruse Way Place

City State Zip Code
Lake Oswego OR 97035-5545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Association of Hos-
pitals & Heal

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: 12788317

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Gwen Dayton

Mailing Address 12781 SW Terraview Drive

City State Zip Code
Tigard OR 97224-0703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Association of Hos-
pitals & Heal

Occupation
Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2006

Transaction ID: 12788319

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kevin Earls

Mailing Address 963 Parkway Drive NW

City State Zip Code
 Salem OR 97304-3673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Association of Hos-
pitals & Heal

Occupation
Vice President, Finance & Health Polic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 6

Transaction ID: 12788320

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Milton D Bourgeois, Jr.

Mailing Address 4608 Highway 1

City State Zip Code
 Raceland LA 70394-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ochsner St. Anne General
Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 6

Transaction ID: 12788971

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Sonia Christian

Mailing Address 1001 Gause Boulevard

City State Zip Code
 Slidell LA 70458-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Slidell Memorial Hospital

Occupation
CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 6

Transaction ID: 12788972

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Bill Davis		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 1001 Gause Boulevard		Transaction ID: 12788974
City Slidell	State Zip Code LA 70458-2939	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Slidell Memorial Hospital	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Ms. Teri G Fontenot, , CHE		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address P O Box 95009		Transaction ID: 12788977
City Baton Rouge	State Zip Code LA 70895-9009	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Woman's Hospital	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Mr. Sam Fulton		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 1020 Fertitta Boulevard		Transaction ID: 12788980
City Leesville	State Zip Code LA 71446-4649	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Byrd Regional Hospital	Occupation Assistant Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert L Hawley, Jr., FAC

Mailing Address 1001 Gause Boulevard

City State Zip Code
 Slidell LA 70458-2987

FEC ID number of contributing federal political committee.

C

Name of Employer
Slidell Memorial HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 6

Transaction ID: 12788982

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Roger C LeDoux

Mailing Address 1020 Fertitta Boulevard

City State Zip Code
 Leesville LA 71446-4697

FEC ID number of contributing federal political committee.

C

Name of Employer
Byrd Regional HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 6

Transaction ID: 12788986

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. John A. Mattessino

Mailing Address 9521 Brookline Avenue

City State Zip Code
 Baton Rouge LA 70809-8409

FEC ID number of contributing federal political committee.

C

Name of Employer
Louisiana Hospital AssociationOccupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 6

Transaction ID: 12788987

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Gary Muller		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 1101 Medical Center Boulevard		Transaction ID: 12788989
City State Zip Code Marrero LA 70072-3147	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer West Jefferson Medical Center	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mrs. Cindy J Rogers, , FACHE		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address P O Box 1901		Transaction ID: 12789134
City State Zip Code Monroe LA 71210-1901	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Patrick's Psychiatric Hospital	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Mr. Elton L Williams, , Jr., CPA		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address P O Drawer 'M'		Transaction ID: 12789145
City State Zip Code Lake Charles LA 70602	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lake Charles Memorial Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Steve Worley		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 200 Henry Clay Avenue		
City New Orleans	State LA	Zip Code 70118-5798
FEC ID number of contributing federal political committee. C		Transaction ID: 12789146
Name of Employer Children's Hospital		Amount of Each Receipt this Period 500.00
Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mr. Stephen F Wright		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 3330 Masonic Drive		
City Alexandria	State LA	Zip Code 71301-3899
FEC ID number of contributing federal political committee. C		Transaction ID: 12789147
Name of Employer Christus St. Frances Cabrini Hospital		Amount of Each Receipt this Period 500.00
Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Ms. Elizabeth Brown		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 2 Oriole Terrace		
City Sparta	State NJ	Zip Code 07871-1305
FEC ID number of contributing federal political committee. C		Transaction ID: 12789148
Name of Employer Newton Memorial Hospital		Amount of Each Receipt this Period 250.00
Occupation Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Chris Carle Mailing Address 238 Barnes Road City State Zip Code Williamstown KY 41097-9460 FEC ID number of contributing federal political committee. C Name of Employer St. Elizabeth Medical Center-Grant Cou Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6 Transaction ID: 12790095 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Marc Hoffman Mailing Address 565 Village Drive City State Zip Code Edgewood KY 41017-3253 FEC ID number of contributing federal political committee. C Name of Employer St. Elizabeth Medical Center-Grant Cou Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6 Transaction ID: 12790100 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Terrance M. Burns Mailing Address 75 Drew Court City State Zip Code Springboro OH 45066-8693 FEC ID number of contributing federal political committee. C Name of Employer Grandview Hospital and Medical Center Occupation Vice President, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6 Transaction ID: 12790259 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Mary L. Gallagher Mailing Address 205 Fallis Road City Columbus State OH Zip Code 43214-3770 FEC ID number of contributing federal political committee. C Name of Employer Ohio Hospital Association Occupation Vice President & General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6 Transaction ID: 12790264 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. G. Douglas Douglas Higginbotham Mailing Address P O Box 607 City Laurel State MS Zip Code 39441-0607 FEC ID number of contributing federal political committee. C Name of Employer South Central Regional Medical Center Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 Transaction ID: 12795759 Amount of Each Receipt this Period 300.00
C. Full Name (Last, First, Middle Initial) Mr. Jason Little Mailing Address P O Box 1307 City Columbus State MS Zip Code 39703-1307 FEC ID number of contributing federal political committee. C Name of Employer Baptist Memorial Hospital-Golden Triad Occupation Administrator and Chief Executive Offi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 Transaction ID: 12795762 Amount of Each Receipt this Period 375.00

SUBTOTAL of Receipts This Page (optional)

925.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 23 / 93

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eddie L. Foster

Mailing Address 116 Woodgreen Crossing

City State Zip Code
 Madison MS 39110-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Hospital Asso-
ciation

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 6 / 2 0 0 6

Transaction ID: 12795763

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Sam W. Cameron

Mailing Address 28 Waterford Place

City State Zip Code
 Jackson MS 39211-2945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Hospital Asso-
ciation

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 6 / 2 0 0 6

Transaction ID: 12795782

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mr. Andrew Mayo

Mailing Address 5241 Boswell Road

City State Zip Code
 Memphis TN 38120-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkwood Behavioral Health
System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 6 / 2 0 0 6

Transaction ID: 12795798

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Jim Ainsworth Mailing Address 350 North Humphreys Boulevard City State Zip Code Memphis TN 38120-2177 FEC ID number of contributing federal political committee. C Name of Employer Baptist Memorial Health Care Corporation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Vice President Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 Transaction ID: 12795799 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Kurt W Metzner Mailing Address 1225 North State Street City State Zip Code Jackson MS 39202-2064 FEC ID number of contributing federal political committee. C Name of Employer Mississippi Baptist Health System Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 Transaction ID: 12795812 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Mr. John J Cleary Mailing Address 1030 River Oaks Drive City State Zip Code Jackson MS 39232-9729 FEC ID number of contributing federal political committee. C Name of Employer River Oaks Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 Transaction ID: 12795813 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Al Sypniewski Mailing Address 100 Hospital Street City State Zip Code Booneville MS 38829-3359 FEC ID number of contributing federal political committee. C Name of Employer Baptist Memorial Hospital-Booneville Occupation Administrator and Chief Executive Offi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 Transaction ID: 12795816 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Ms. Sherry J Pitts Mailing Address P O Box 4546 City State Zip Code Jackson MS 39296-4546 FEC ID number of contributing federal political committee. C Name of Employer Woman's Hospital at River Oaks Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 6 Transaction ID: 12796011 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper Mailing Address 121 Clear Creek Road City State Zip Code Langhorne PA 19047-2306 FEC ID number of contributing federal political committee. C Name of Employer New Jersey Hospital Assoc-iation Occupation Vice President, Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6 Transaction ID: 12800637 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)

515.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Al Maghazehe
Mailing Address 750 Brunswick Avenue

City State Zip Code
Trenton NJ 08638-4143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Health System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 0 6

Transaction ID: 12800647

Amount of Each Receipt this Period

1500.00

B. Full Name (Last, First, Middle Initial)
Mr. John J. Dawidowski
Mailing Address 17 Brookshire Drive

City State Zip Code
Robbinsville NJ 08691-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President & General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 0 6

Transaction ID: 12800659

Amount of Each Receipt this Period

15.00

C. Full Name (Last, First, Middle Initial)
Mr. Guy P. Evans
Mailing Address 41 Manitto Place

City State Zip Code
Oceanport NJ 07757-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 0 6

Transaction ID: 12800660

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

1530.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David P. Lavins
Mailing Address 10 Fox Chase Road

City State Zip Code
Malvern PA 19355-3441

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
07 28 2006

Transaction ID: 12800677

Amount of Each Receipt this Period

15.00

B. Full Name (Last, First, Middle Initial)
Ms. Stephanie L Bloom
Mailing Address 1140 Route 72 West

City State Zip Code
Manahawkin NJ 08050-2499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Ocean County Hos-
pital

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 28 2006

Transaction ID: 12800730

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Sean J. Hopkins
Mailing Address 6180 Lower Mountain Road

City State Zip Code
New Hope PA 18938-5760

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Jersey Hospital Assoc-
iation

Occupation
Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.34

Date of Receipt

M M / D D / Y Y Y Y
07 28 2006

Transaction ID: 12800731

Amount of Each Receipt this Period

35.42

SUBTOTAL of Receipts This Page (optional)

300.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Ellen Atkins		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 50 Grandview Place		
City North Caldwell	State NJ	Transaction ID: 12800740 Amount of Each Receipt this Period 250.00
Zip Code 07006-4709		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Newark Beth Israel Medical Center	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. Chester B Kaletkowski		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 23 Winding Way		
City Mullica Hill	State NJ	Transaction ID: 12800750 Amount of Each Receipt this Period 500.00
Zip Code 08062-2511		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer South Jersey Healthcare	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Mr. Paul A Mertz		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 201 Lyons Avenue		
City Newark	State NJ	Transaction ID: 12800753 Amount of Each Receipt this Period 500.00
Zip Code 07112-2027		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Newark Beth Israel Medical Center	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Frank J Bartell, , III

Mailing Address 5901 Monclova Road

City State Zip Code
 Maumee OH 43537-1899

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 6

Transaction ID: 12803500

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Roy G Chew, , Ph.D.

Mailing Address 405 Grand Avenue

City State Zip Code
 Dayton OH 45405-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grandview Hospital and Me-
dical Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 6

Transaction ID: 12803501

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Peter J. King

Mailing Address 1317 Observatory Drive

City State Zip Code
 Cincinnati OH 45208-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grandview Hospital and Me-
dical Center

Occupation
Vice President, Finance & Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 6

Transaction ID: 12803502

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ronald Klein

Mailing Address 647 E Street, Rt. 73

City State Zip Code
 Springboro OH 45066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Medical Center-
Network

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 6

Transaction ID: 12803503

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Fred M Manchur

Mailing Address 3535 Southern Boulevard

City State Zip Code
 Kettering OH 45429-1298

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charles F. Kettering Memo-
rial Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 6

Transaction ID: 12803504

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Francisco J Perez, , FACHE

Mailing Address 3965 Southern Boulevard

City State Zip Code
 Dayton OH 45429-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Medical Center-
Network

Occupation
Network Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 7 / 2 0 0 6

Transaction ID: 12803505

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Thomas A. Selden
Mailing Address 8140 Creekside Trace

City State Zip Code
Broadview Heights OH 44147-1365

FEC ID number of contributing federal political committee.

C

Name of Employer
Cleveland Clinic Health SystemOccupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 6

Transaction ID: 12803506

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Troy A. Tyner, DO
Mailing Address 1181 Grand Portage Trail

City State Zip Code
Beavercreek OH 45385

FEC ID number of contributing federal political committee.

C

Name of Employer
Grandview Medical CenterOccupation
Interim V.P. Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 6

Transaction ID: 12803507

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Michelle Waggoner
Mailing Address 224 West Townline Street

City State Zip Code
Payne OH 45880-9432

FEC ID number of contributing federal political committee.

C

Name of Employer
Community Memorial HospitalOccupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 6

Transaction ID: 12803508

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Russell Wetherell Mailing Address 405 Grand Avenue City Dayton State OH Zip Code 45405-4796 FEC ID number of contributing federal political committee. C Name of Employer Grandview Hospital and Medical Center Occupation Vice President Finance and Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 7 / 2 0 0 6 Transaction ID: 12803509 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Shawn Smothers Mailing Address 317 First Avenue, NW P. O. Box 697 City Kenmare State ND Zip Code 58746-7104 FEC ID number of contributing federal political committee. C Name of Employer Trinity Health Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 6 Transaction ID: 12805758 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Ms. Michelle Waggoner Mailing Address 224 West Townline Street City Payne State OH Zip Code 45880-9432 FEC ID number of contributing federal political committee. C Name of Employer Community Memorial Hospital Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 256.25		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 7 / 2 0 0 6 Transaction ID: 12818762 Amount of Each Receipt this Period 6.25

SUBTOTAL of Receipts This Page (optional)

756.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Mary Beth Savary-Taylor

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 12818789

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Anil Godbole, MD., S.C.

Mailing Address 8 Timberline Lane

City State Zip Code
Riverwoods IL 60015-2443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Bethany Hospital

Occupation
Chairman, Dept. of Psychiatry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 12818790

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. George Gerlach

Mailing Address 345 Tenth Avenue

City State Zip Code
Granite Falls MN 56241-1499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Granite Falls Municipal
Hospital and M

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 12820135

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James F Hanko

Mailing Address 1300 Anne Street NW

City State Zip Code
 Bemidji MN 56601-5103

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Country Regional Ho-
spital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

643.95

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12820145

Amount of Each Receipt this Period

45.45

Full Name (Last, First, Middle Initial)

B. Mr. David K Wessner

Mailing Address 6500 Excelsior Boulevard

City State Zip Code
 Saint Louis Park MN 55426-4702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Park Nicollet Health Serv-
ices

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12820153

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Lawrence J Massa

Mailing Address 301 Becker Avenue SW

City State Zip Code
 Willmar MN 56201-3395

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rice Memorial Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12820155

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

795.45

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Dennis C Miley Mailing Address 415 North Jefferson Street City State Zip Code Wadena MN 56482-1297 FEC ID number of contributing federal political committee. C Name of Employer Tri-County Hospital Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6 Transaction ID: 12820158 Amount of Each Receipt this Period 125.00
B. Full Name (Last, First, Middle Initial) Ms. Linda Robertson Mailing Address 901 South Bond Street Suite 540 City State Zip Code Baltimore MD 21231-3305 FEC ID number of contributing federal political committee. C Name of Employer Johns Hopkins Hospital Occupation VP, Gov't, Community and Public Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6 Transaction ID: 12820276 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Mr. M. James Kaufman Mailing Address 600 North Wolfe Street City State Zip Code Baltimore MD 21287-2182 FEC ID number of contributing federal political committee. C Name of Employer Johns Hopkins Hospital Occupation Director Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6 Transaction ID: 12820283 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)**875.00****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. James J Xinis
Mailing Address 100 Hospital Road

City State Zip Code
Prince Frederick MD 20678-9675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Calvert Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 12820286

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)
Ms. Jacquelyn Harms, R.N.
Mailing Address P O Box 1207

City State Zip Code
Durant OK 74702-1207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Center of Southeastern Oklahoma

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 6

Transaction ID: 12823720

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. James D Moore, FACHE
Mailing Address 1201 Health Center Parkway

City State Zip Code
Yukon OK 73099-6392

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTEGRIS Canadian Valley
Regional Hosp

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 6

Transaction ID: 12823723

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. John T Porter

Mailing Address P O Box 38

City State Zip Code
 Yankton SD 57078-0038

FEC ID number of contributing federal political committee.

C

Name of Employer
Avera HealthOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12824180

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Dr. Terence Pladson, , M.D.

Mailing Address 1406 Sixth Avenue North

City State Zip Code
 Saint Cloud MN 56303-1900

FEC ID number of contributing federal political committee.

C

Name of Employer
CentraCare Health SystemOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12824182

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Alan L. Goldbloom, , M.D.

Mailing Address 2525 Chicago Avenue South

City State Zip Code
 Minneapolis MN 55404-4518

FEC ID number of contributing federal political committee.

C

Name of Employer
Children's Hospitals and
Clinics of MiOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12824183

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. James F Hanko
Mailing Address 1300 Anne Street NW

City State Zip Code
Bemidji MN 56601-5103

FEC ID number of contributing federal political committee.

C

Name of Employer
North Country Regional HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

689.40

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 12824187

Amount of Each Receipt this Period

45.45

B. Full Name (Last, First, Middle Initial)
Mr. Thomas Crowley
Mailing Address 1200 Grant Boulevard West

City State Zip Code
Wabasha MN 55981-1098

FEC ID number of contributing federal political committee.

C

Name of Employer
Saint Elizabeth's Medical CenterOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 12824188

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr. Steve Perkins
Mailing Address 305 East Luverne Street

City State Zip Code
Luverne MN 56156-1611

FEC ID number of contributing federal political committee.

C

Name of Employer
Sioux Valley Luverne HospitalOccupation
Board Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 12824189

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

420.45

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Alan Grundeir

Mailing Address 1830 Peony Lane North

City State Zip Code
Plymouth MN 55447-2654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Integrated Health Systems-
Dairyland

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 12824194

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. David W Cress

Mailing Address 3300 Oakdale Avenue North

City State Zip Code
Robbinsdale MN 55422-2926

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Memorial Health Care

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 12824200

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Rocklon B. Chapin

Mailing Address 502 East Second Street

City State Zip Code
Duluth MN 55805-1982

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miller-Dwan Medical Center

Occupation
Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 12824210

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Dwight L. Fine

Mailing Address 12675 Riviera Heights Road

City State Zip Code
Holts Summit MO 65043-2039

FEC ID number of contributing federal political committee. **C**

Name of Employer Missouri Hospital Association
Occupation Sr. Vice President, Government Relations

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
777.84

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: 12826370

Amount of Each Receipt this Period

111.12

B. Full Name (Last, First, Middle Initial)
Mr. Marc D. Smith

Mailing Address 5612 Tanner Bridge Road

City State Zip Code
Jefferson City MO 65101-8275

FEC ID number of contributing federal political committee. **C**

Name of Employer Missouri Hospital Association
Occupation President and Chief Executive Officer

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
777.84

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: 12826382

Amount of Each Receipt this Period

111.12

C. Full Name (Last, First, Middle Initial)
Mr. James H. Ross

Mailing Address 2900 West Picket Post Street

City State Zip Code
Columbia MO 65203-9581

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Missouri Health Care
Occupation Chief Executive Officer

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: 12826609

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

722.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Edward Andersen Mailing Address 100 East LeFevre Road City State Zip Code Sterling IL 61081-1279 FEC ID number of contributing federal political committee. C Name of Employer CGH Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6 Transaction ID: 12849417 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Daniel E Baker Mailing Address 800 NE Glen Oak Avenue City State Zip Code Peoria IL 61603-3200 FEC ID number of contributing federal political committee. C Name of Employer OSF Healthcare System Occupation Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6 Transaction ID: 12849419 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Brad Billings Mailing Address 722 Eagle Trace City State Zip Code Quincy IL 62305-6201 FEC ID number of contributing federal political committee. C Name of Employer Blessing Hospital Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 6 Transaction ID: 12849421 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Deborah Brantner

Mailing Address 1013 Twisted Oak Court

City State Zip Code
 Algonquin IL 60102-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centegra Northern Illinois
Medical Cen

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12849422

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Leo F Childers, Jr., FAC

Mailing Address 605 North 12th Street

City State Zip Code
 Mount Vernon IL 62864-2899

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Regional
Health Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12849424

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael S Eesley

Mailing Address 527 West South Street

City State Zip Code
 McHenry IL 60051-8660

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centegra Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12849427

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard B Floyd

Mailing Address 934 Center Street

City State Zip Code
Elgin IL 60120-2198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sherman Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2006

Transaction ID: 12849429

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. David S. Fox

Mailing Address 3815 Highland Avenue

City State Zip Code
Downers Grove IL 60515-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central DuPage Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2006

Transaction ID: 12849430

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Van A Hanover

Mailing Address 801 S Milwaukee Avenue

City State Zip Code
Libertyville IL 60048-3199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Condell Medical Center

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2006

Transaction ID: 12849433

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Forrest G Hester Mailing Address Post Office Box 569 City State Zip Code Lincoln IL 62656-0569 FEC ID number of contributing federal political committee. C Name of Employer Abraham Lincoln Memorial Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation President and Chief Executive Officer Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 6 Transaction ID: 12849435 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Ms. Barbara Johnson Mailing Address One North Franklin City State Zip Code Chicago IL 60606-3436 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Chicago Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Director, Executive Services Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 6 Transaction ID: 12849436 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. John Jurica Mailing Address 325 Rock Creek Drive City State Zip Code Manteno IL 60950-3470 FEC ID number of contributing federal political committee. C Name of Employer Riverside Medical Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 6 Transaction ID: 12849439 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Maureen A. Kahn
Mailing Address 812 Springlake Drive

City State Zip Code
Quincy IL 62301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blessing Hospital

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 12850601

Amount of Each Receipt this Period

245.00

B. Full Name (Last, First, Middle Initial)
Ms. Colleen Kannaday, , FACHE
Mailing Address 12935 South Gregory Street

City State Zip Code
Blue Island IL 60406-2428

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Hospital & Health Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 12850604

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert W Kay
Mailing Address 701 North First Street

City State Zip Code
Springfield IL 62781-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health System

Occupation
Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 12850605

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

1005.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Wayne M Lerner, DPH

Mailing Address 1025 Glenview Road

City

Glenview

State

IL

Zip Code

60025-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rehabilitation Institute
of Chicago

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 12850608

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Barbara Martin

Mailing Address 1324 North Sheridan Road

City

Waukegan

State

IL

Zip Code

60085-2161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Medical Center West

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.50

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 12850610

Amount of Each Receipt this Period

357.50

Full Name (Last, First, Middle Initial)

C. Ms. Mary Lou Mastro

Mailing Address 852 West Street

City

Naperville

State

IL

Zip Code

60540-6400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Linden Oaks Hospital at
Edward

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 12850612

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

1182.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Michael McKenna, M.D.

Mailing Address 3815 Highland Avenue

City State Zip Code
 Downers Grove IL 60515-1590

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Good Samaritan
Hospital

Occupation
Vice President Medical Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12850614

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Dennis C Millirons, CHE

Mailing Address 801 S Milwaukee Avenue

City State Zip Code
 Libertyville IL 60048-3204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Condell Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12850616

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Keith Allen Page

Mailing Address 6800 State Route 162

City State Zip Code
 Maryville IL 62062-8500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anderson Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12850617

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Mark Parrington

Mailing Address 1999 Broadway
Suite 2600

City State Zip Code
Denver CO 80202-3025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catholic Health Initiatives.

Occupation
Vice President, Strategic Transactions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2006

Transaction ID: 12850619

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Ernie W. Sadau

Mailing Address 605 South Grant Street

City State Zip Code
Hinsdale IL 60521-4453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adventist Health System
Midwest Region

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2006

Transaction ID: 12850621

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. James M. Sanger

Mailing Address 20 Clear Lake

City State Zip Code
Centralia IL 62801-3720

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2006

Transaction ID: 12850622

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Connie L Schroeder

Mailing Address 640 West Washington Street

City State Zip Code
Pittsfield IL 62363-1350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illini Community Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: 12850623

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Patricia Shehorn

Mailing Address 1225 Lake Street

City State Zip Code
Melrose Park IL 60160-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westlake Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: 12850624

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Harry Wolin

Mailing Address P O Box 530

City State Zip Code
Havana IL 62644-0530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mason District Hospital

Occupation
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: 12850629

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kathleen C Yosko

Mailing Address P O Box 795

City

Wheaton

State

IL

Zip Code

60189-0795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marianjoy Rehabilitation
Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: 12850631

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert T. Clarke

Mailing Address 800 North Rutledge Street

City

Springfield

State

IL

Zip Code

62781-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health System

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: 12853049

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Ms. Connie L Schroeder

Mailing Address 640 West Washington Street

City

Pittsfield

State

IL

Zip Code

62363-1350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illini Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: 12864667

Amount of Each Receipt this Period

2.50

SUBTOTAL of Receipts This Page (optional)

262.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Elena Butkus

Mailing Address 1151 E. Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing federal political committee.

C

Name of Employer
Illinois Hospital AssociationOccupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12865522

Amount of Each Receipt this Period

375.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark Deaton

Mailing Address 740 North Hayes

City State Zip Code
 Oak Park IL 60302-1706

FEC ID number of contributing federal political committee.

C

Name of Employer
Illinois Hospital AssociationOccupation
Sr. VP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.35

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12865527

Amount of Each Receipt this Period

250.02

C. Full Name (Last, First, Middle Initial)
Ms. Nancy DeMarco

Mailing Address 1151 East Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing federal political committee.

C

Name of Employer
Illinois Hospital AssociationOccupation
Director of Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12865528

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1000.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Brian Foster

Mailing Address 1151 E. Warrenville Rd.
PO Box 3015

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.36

Date of Receipt

M M / D D / Y Y Y Y
07 31 2006

Transaction ID: 12865538

Amount of Each Receipt this Period

250.02

Full Name (Last, First, Middle Initial)

B. Ms. Ann C. Guild

Mailing Address 1151 E. Warrenville Rd.
PO Box 3015

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.35

Date of Receipt

M M / D D / Y Y Y Y
07 31 2006

Transaction ID: 12865541

Amount of Each Receipt this Period

250.02

Full Name (Last, First, Middle Initial)

C. Mr. Ed Holzhauer

Mailing Address 1755 Maple Lane

City State Zip Code
Wheaton IL 60187-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central DuPage Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2006

Transaction ID: 12865545

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Teresa Hursey

Mailing Address 1151 East Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12865546

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Ms. Patricia Merryweather-Arges

Mailing Address 1151 E. Warrenville Road
 PO Box 3015

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12865551

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City State Zip Code
 Springfield IL 62707-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.50

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 6

Transaction ID: 12865554

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kenneth C. Robbins

Mailing Address 1531 Maria Court

City

Wheaton

State

IL

Zip Code

60187-3777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.50

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2006

Transaction ID: 12865558

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Sr. M. Therese Gottschalk

Mailing Address Post Office Box 4753

City

Tulsa

State

OK

Zip Code

74159-0753

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Medical Center

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2006

Transaction ID: 12868877

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. B. Joe Gunn

Mailing Address Post Office Box 326

City

Vinita

State

OK

Zip Code

74301-0326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Craig General Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2006

Transaction ID: 12868879

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Barbara Oestmann

Mailing Address P O Box 727

City State Zip Code
 Alva OK 73717-0727

FEC ID number of contributing federal political committee.

C

Name of Employer
Share Medical CenterOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 1 / 2 0 0 6

Transaction ID: 12868887

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. David Pynn

Mailing Address 1923 South Utica Avenue

City State Zip Code
 Tulsa OK 74104-6520

FEC ID number of contributing federal political committee.

C

Name of Employer
St. John Medical CenterOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 1 / 2 0 0 6

Transaction ID: 12868888

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Katie Vaughan

Mailing Address 506 A East Howell Avenue

City State Zip Code
 Alexandria VA 22301

FEC ID number of contributing federal political committee.

C

Name of Employer
American Hospital Association-WashingtOccupation
Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 / / / /

Transaction ID: PR1034595117274

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

790.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation VP & Chief Washington Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1045726217274 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Ms. Sohini Jindal Mailing Address 325 Seventh Street, NW City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1125613617274 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson Mailing Address 107 East Lane City Lake Barrington State IL Zip Code 60010-1939 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Chicago Occupation Vice President, PMGs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327727317274 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner Mailing Address 11004 Petersburg City State Zip Code Rockville MD 20852-3249 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Director, Grassroots Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327745917274 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele Mailing Address 1003 Kimberly Place City State Zip Code Great Falls VA 22066-1546 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327801717274 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Organization of Nurse Executi Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327812017274 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional) ▶			160.00
TOTAL This Period (last page this line number only) ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City State Zip Code
Washington DC 20008-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327851917274

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Director, AHAPAC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327858017274

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.90

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327877817274

Amount of Each Receipt this Period

83.32

P/R Deduction (\$41.66 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

203.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Richard J. Davidson			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700			Transaction ID: PR327942117274	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>80.00</div>	
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Washingt		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>600.00</div>		
B. Full Name (Last, First, Middle Initial) Ms. Barbara Lorschbach			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 204 South 7th Avenue			Transaction ID: PR328136917274	
City State Zip Code La Grange IL 60525-6406			Amount of Each Receipt this Period <div>80.00</div>	
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Chicago		Occupation Sr. Vice President, Member Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>600.00</div>		
C. Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 5545 N. Wayne			Transaction ID: PR328223817274	
City State Zip Code Chicago IL 60640-1318			Amount of Each Receipt this Period <div>40.00</div>	
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Chicago		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>300.00</div>		

P/R Deduction (\$40.00 Bi-Weekly)

P/R Deduction (\$40.00 Bi-Weekly)

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Calbreith L. SimpsonMailing Address 325 Seventh Street, NW
Suite 700City State Zip Code
Washington DC 20004-2818FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-WashingtOccupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224817274

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)B. Full Name (Last, First, Middle Initial)
Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City State Zip Code
Silver Spring MD 20906FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-WashingtOccupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224917274

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)C. Full Name (Last, First, Middle Initial)
Mr. Richard J. PollackMailing Address 325 Seventh Street, NW
Suite 700City State Zip Code
Washington DC 20004-2818FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-WashingtOccupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328260917274

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard H. Wade
Mailing Address 1221 Cavalier Road

City State Zip Code
Arnold MD 21012-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328310417274

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Stephen M. Ahnen
Mailing Address 1001 N. Potomac St.

City State Zip Code
Arlington VA 22205-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328312717274

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Lori M. Schor
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Political Action & Grassroot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328341817274

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Carolyn Forcina
Mailing Address 200 Clover Hill Court

City State Zip Code
Yardley PA 19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328511817274

Amount of Each Receipt this Period

95.20

P/R Deduction (\$47.60 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Alicia N. Mitchell
Mailing Address 909 N. Madison St.

City State Zip Code
Arlington VA 22205-1655

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328512017274

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Anne E. Ubl
Mailing Address 801 Pennsylvania Ave, NW
#245

City State Zip Code
Washington DC 20004-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328767017274

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

215.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Rebecca Chickey

Mailing Address AHA
One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Director, Psychiatric and Substance Abuse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329013417274

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Dr. John R. Combes, MD

Mailing Address 1905 Christopher Place

City State Zip Code
Harrisburg PA 17110-3573

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Healthcare Governance

Occupation
President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329071317274

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329215717274

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Tama Mattocks

Mailing Address 325 Seventh Street, NW
Liberty Place, Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330273417274

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code
Apple Valley MN 55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330475417274

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Dr. Donald Nielsen, MD

Mailing Address 195 Oxford Court

City State Zip Code
Alamo CA 94507-1753

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330524817274

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Jennifer E. Mallard
Mailing Address 6109 North 9th Road

City State Zip Code
Arlington VA 22205-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330534317274

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Gene O'Dell
Mailing Address 530 North Lakeshore Drive
Unit 2303

City State Zip Code
Chicago IL 60611-7424

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330547717274

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Eileen O'Keefe
Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330549217274

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700		Transaction ID: PR330776117274	
City Washington	State DC	Zip Code 20004-2818	Amount of Each Receipt this Period <div>43.48</div>
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer American Hospital Association-Washingt	Occupation V.P., Advocacy & Member Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>260.88</div>		
B. Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address PO Box 15587		Transaction ID: PR331416017274	
City Austin	State TX	Zip Code 78761-5587	Amount of Each Receipt this Period <div>83.32</div>
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer American Hospital Association	Occupation AHA Regional Executive for TX		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>624.90</div>		
C. Full Name (Last, First, Middle Initial) Mr. Donald May		Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 521 Great Falls Street		Transaction ID: PR331533217274	
City Falls Church	State VA	Zip Code 22046-2613	Amount of Each Receipt this Period <div>80.00</div>
FEC ID number of contributing federal political committee. <div>C</div>			
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <div>580.00</div>		
SUBTOTAL of Receipts This Page (optional)		<div>206.80</div>	
TOTAL This Period (last page this line number only)		<div></div>	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 93

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR517619717274

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

49300.19

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 93

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2334.06

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 6

Transaction ID: 12865562

Amount of Each Receipt this Period

338.33

Bank Interest

SUBTOTAL of Receipts This Page (optional)

338.33

TOTAL This Period (last page this line number only)

338.33

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 69 / 93

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City
Chicago

State
IL

Zip Code
60679

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 12865565

Date of Disbursement

07 / 03 / 2006

Amount of Each Disbursement this Period

89.90

Bank Fees

Full Name (Last, First, Middle Initial)

B. Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 12865563

Date of Disbursement

07 / 05 / 2006

Amount of Each Disbursement this Period

117.42

Bank Fees

Full Name (Last, First, Middle Initial)

C. National Research, Inc.

Mailing Address 146 State Highway 34
Suite 250

City
Holmdel

State
NJ

Zip Code
07733

Purpose of Disbursement

Polling, portion inkind to Shays. See I

Candidate Name

005

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 12790447

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

13300.00

Polling, portion inkind
to Shays. See line 23.

SUBTOTAL of Disbursements This Page (optional)

13507.32

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 / 93

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City
Chicago

State
IL

Zip Code
60679

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 12865566

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

40.15

Bank Fees

Full Name (Last, First, Middle Initial)

B. Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 12865564

Date of Disbursement

07 / 18 / 2006

Amount of Each Disbursement this Period

88.36

Bank Fees

Full Name (Last, First, Middle Initial)

C. National Research, Inc.

Mailing Address 146 State Highway 34
Suite 250

City
Holmdel

State
NJ

Zip Code
07733

Purpose of Disbursement

Inkind to C. Shays CT-4, See line 23.

Candidate Name

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 12881732

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

-4988.00

Inkind to C. Shays CT-4,
See line 23.

SUBTOTAL of Disbursements This Page (optional)

-4859.49

TOTAL This Period (last page this line number only)

8647.83

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 71 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Steve Rothman For New Jersey Inc.

Mailing Address P.O. Box 714

City
Hackensack

State
NJ

Zip Code
07602

Purpose of Disbursement
Contribution

Candidate Name
Rep. Steven R. Rothman

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 9

Transaction ID: 12790415

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pryce For Congress

Mailing Address 145 E. Rich Street

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement
Contribution

Candidate Name
Rep. Deborah Pryce

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 12790375

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Searchlight Leadership Fund

Mailing Address 818 Connecticut Avenue, NW
Suite 1100

City
Washington

State
DC

Zip Code
20009

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12780347

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 72 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mary Bono Committee

Mailing Address P.O. Box 3370

City State Zip Code
Palm Springs CA 92263

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mary Bono

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: 12780358

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mary Bono Committee

Mailing Address P.O. Box 3370

City State Zip Code
Palm Springs CA 92263

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mary Bono

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: 12780366

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jd Hayworth For Congress

Mailing Address 14300 N. Northsight Blvd. #105

City State Zip Code
Scottsdale AZ 85260

Purpose of Disbursement
Contribution

Candidate Name
Rep. J.D. Hayworth

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 5

Transaction ID: 12790394

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 73 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Nita Lowey For Congress

Mailing Address PO Box 271

City
White Plains

State
NY

Zip Code
10605

Purpose of Disbursement
Contribution

Candidate Name
Rep. Nita M. Lowey

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 18

Transaction ID: 12790434

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Nita Lowey For Congress

Mailing Address PO Box 271

City
White Plains

State
NY

Zip Code
10605

Purpose of Disbursement
Contribution

Candidate Name
Rep. Nita M. Lowey

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 18

Transaction ID: 12790444

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Castle Campaign Fund

Mailing Address P.O Box 133

City
Wilmington

State
DE

Zip Code
19899

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael N. Castle

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: DE District: 1

Transaction ID: 12780384

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 74 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. People With Hart Inc

Mailing Address P.O. Box 435

City
Wexford

State
PA

Zip Code
15090

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Melissa A. Hart

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 4

Transaction ID: 12790361

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. John D. Dingell For Congress Committee

Mailing Address 607 14th Street N.W.
Suite 800

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. John D. Dingell

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: 12790416

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. John D. Dingell For Congress Committee

Mailing Address 607 14th Street N.W.
Suite 800

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. John D. Dingell

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: 12790422

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 75 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bart Gordon

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 6

Transaction ID: 12790406

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement
Contribution

Candidate Name
Rep. John A. Boehner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 8

Transaction ID: 12790407

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Engel For Congress

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement
Contribution

Candidate Name
Rep. Eliot L. Engel

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 17

Transaction ID: 12790428

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 76 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mike Ross For Congress Committee

Mailing Address PO Box 360

City
Prescott

State
AR

Zip Code
71857

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael A. Ross

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 4

Transaction ID: 12780393

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Gingrey For Congress

Mailing Address PO Box U

City
Marietta

State
GA

Zip Code
30060

Purpose of Disbursement
Contribution

Candidate Name
Rep. Phil Gingrey, M.D.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: 12790404

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tom Feeney For Congress

Mailing Address 1420 Alafaya Trail #103

City
Oviedo

State
FL

Zip Code
32765

Purpose of Disbursement
Contribution

Candidate Name
Rep. Tom Feeney

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 24

Transaction ID: 12780372

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 77 / 93

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Scott Garrett For Congress

Mailing Address P.O. Box 905

City
Newton

State
NJ

Zip Code
07860

Purpose of Disbursement
Contribution

Candidate Name
Rep. Scott Garrett

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 5

Transaction ID: 12790408

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mark Pryor For Us Senate

Mailing Address PO Box 2720

City
Little Rock

State
AR

Zip Code
72203

Purpose of Disbursement
2008 Contribution

Candidate Name
Sen. Mark L. Pryor

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 2

Transaction ID: 12780351

Date of Disbursement

07 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

2008 Contribution

Full Name (Last, First, Middle Initial)

C. Pat Roberts For Senate

Mailing Address PO Box 433

City
Great Bend

State
KS

Zip Code
67530

Purpose of Disbursement
2008 Contribution

Candidate Name
Sen. Pat Roberts

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 2

Transaction ID: 12790459

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

2008 Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Great Plains Leadership Fund

Mailing Address 818 Connecticut Avenue, NW
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12790454

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

2500.00

2006 Contribution

Full Name (Last, First, Middle Initial)

B. Pryce For Congress

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name
Rep. Deborah Pryce

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 15

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12790466

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City Rochester State NY Zip Code 14615

Purpose of Disbursement
Contribution

Candidate Name
Rep. Thomas M. Reynolds

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 26

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12790481

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

2375.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6875.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City Rochester State NY Zip Code 14615

Purpose of Disbursement
Contribution

Candidate Name
Rep. Thomas M. Reynolds

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 26

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12790711

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Mary Landrieu Inc

Mailing Address 607 14th Street Nw Suite 800
Suite 1434

City Washington State DC Zip Code 20005

Purpose of Disbursement
2008 Contribution

Candidate Name
Sen. Mary L. Landrieu

Office Sought: ☐ House
☒ Senate
☐ President

State: LA District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12790458

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

2008 Contribution

Full Name (Last, First, Middle Initial)

C. Brady For Congress

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement
Contribution

Candidate Name
Rep. Kevin Brady

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 8

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 12790480

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Rick Renzi For Congress

Mailing Address P.O. Box 2383

City
Prescott

State
AZ

Zip Code
86302

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rick Renzi

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 1

Transaction ID: 12790472

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Dave Reichert

Mailing Address P. O. Box 53322

City
Bellevue

State
WA

Zip Code
98015

Purpose of Disbursement
Contribution

Candidate Name
Rep. David George Reichert

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 8

Transaction ID: 12790473

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. BRIDGE PAC

Mailing Address 499 South Capitol St., SW
Suite 114

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12790457

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of George Allen

Mailing Address PO Box 6859

City
Arlington

State
VA

Zip Code
22206

Purpose of Disbursement
Contribution

Candidate Name
Sen. George F. Allen

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 2

Transaction ID: 12790465

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Citizens For Rush

Mailing Address P. O. Box 7292

City
Chicago

State
IL

Zip Code
60680

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bobby L. Rush

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 1

Transaction ID: 12790501

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Grassley Committee Inc

Mailing Address PO Box 1000

City
Des Moines

State
IA

Zip Code
50304

Purpose of Disbursement
2010 Contribution

Candidate Name
Sen. Charles E. Grassley

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 1

Transaction ID: 12790488

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

2000.00

2010 Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Davis For Congress/Friends Of Davis

Mailing Address 5956 W. Race Avenue

City Chicago State IL Zip Code 60644

Purpose of Disbursement
Contribution

Candidate Name
Rep. Danny K. Davis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 7

Transaction ID: 12790554

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Rush Holt For Congress

Mailing Address PO Box 782

City Pennington State NJ Zip Code 08534

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rush D. Holt

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 12

Transaction ID: 12790572

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Moore For Congress

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gwen Moore

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 4

Transaction ID: 12790573

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Roskam For Congress Committee

Mailing Address 423 W. Wesley Street

City
Wheaton

State
IL

Zip Code
60189

Purpose of Disbursement
Contribution

Candidate Name
Mr. Peter Roskam

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 6

Transaction ID: 12790528

Date of Disbursement

07 / 19 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Christopher Shays For Congress Committee

Mailing Address 98 East Avenue Rear Building

City
Norwalk

State
CT

Zip Code
06851

Purpose of Disbursement
Inkind Contribution Polling Services

Candidate Name
Rep. Christopher Shays

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 4

Transaction ID: 12881728

Date of Disbursement

07 / 20 / 2006

Amount of Each Disbursement this Period

4988.00

Inkind Contribution Polling Services

Full Name (Last, First, Middle Initial)

C. Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City
Everett

State
WA

Zip Code
98206

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rick Larsen

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 2

Transaction ID: 12823357

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

10988.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ike Skelton For Congress Committee

Mailing Address P.O. Box A

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ike Skelton

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 4

Transaction ID: 12823362

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mel Watt For Congress Committee

Mailing Address PO Box 36831

City Charlotte State NC Zip Code 28236

Purpose of Disbursement
Contribution

Candidate Name
Rep. Melvin L. Watt

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 12

Transaction ID: 12823364

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Ron Paul

Mailing Address 837 W Plantation Dr

City Clute State TX Zip Code 77531

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ronald Paul

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 14

Transaction ID: 12823366

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. John Shadeggs Friends

Mailing Address PO Box 45444

City
Phoenix

State
AZ

Zip Code
85064

Purpose of Disbursement
Contribution

Candidate Name
Rep. John B. Shadegg

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 3

Transaction ID: 12823360

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Goode For Congress

Mailing Address 235 South Main Street

City
Rocky Mount

State
VA

Zip Code
24151

Purpose of Disbursement
Contribution

Candidate Name
Rep. Virgil H. Goode, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 5

Transaction ID: 12823378

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Becerra For Congress

Mailing Address P.O. Box 261060

City
Los Angeles

State
CA

Zip Code
90026

Purpose of Disbursement
Contribution

Candidate Name
Rep. Xavier Becerra

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: 12823376

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Congressman Joe Barton Committee, The

Mailing Address P.O. Box 1444

City
Ennis

State
TX

Zip Code
75120

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joe L. Barton

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 6

Transaction ID: 12823369

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Chet Edwards For Congress

Mailing Address PO Box 23273

City
Waco

State
TX

Zip Code
76702

Purpose of Disbursement
Contribution

Candidate Name
Rep. Chet Edwards

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 17

Transaction ID: 12823373

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Rush Holt For Congress

Mailing Address PO Box 782

City
Pennington

State
NJ

Zip Code
08534

Purpose of Disbursement
Contribution

Candidate Name
Rep. Rush D. Holt

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 12

Transaction ID: 12823365

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ben Chandler For Congress

Mailing Address P. O. Box 12678

City
Lexington

State
KY

Zip Code
40508

Purpose of Disbursement
Contribution

Candidate Name
Rep. Benjamin Chandler

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 6

Transaction ID: 12823361

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Northstar Leadership PAC

Mailing Address PO Box 4365

City
St. Paul

State
MN

Zip Code
55104

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 12823356

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

3000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

C. David Davis Victory Fund

Mailing Address 2016 Northwood Drive

City
Johnson City

State
TN

Zip Code
37601

Purpose of Disbursement
Contribution

Candidate Name
Mr. David Davis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 1

Transaction ID: 12864408

Date of Disbursement

07 / 25 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Nancy Pelosi For Congress

Mailing Address 235 Montgomery Street
Suite 610

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Contribution

Candidate Name
Rep. Nancy Pelosi

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 8

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12798393

Date of Disbursement

07 / 26 / 2006

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
Contribution

Candidate Name
Rep. James W. Gerlach

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 6

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12798406

Date of Disbursement

07 / 26 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Regula For Congress Committee

Mailing Address 228 S. Washington St. Ste. 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ralph Regula

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 16

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 12823386

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Stupak For Congress

Mailing Address 817 Ninth Avenue P.O. Box 156
PO Box 143

City Menominee State MI Zip Code 49858

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bart Stupak

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 1

Transaction ID: 12823399

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Stupak For Congress

Mailing Address 817 Ninth Avenue P.O. Box 156
PO Box 143

City Menominee State MI Zip Code 49858

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bart Stupak

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 1

Transaction ID: 12823403

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

600.00

Contribution

Full Name (Last, First, Middle Initial)

C. Sweeney For Congress Inc

Mailing Address Post Office Box 1465

City Clifton Park State NY Zip Code 12065

Purpose of Disbursement
Contribution

Candidate Name
Rep. John E. Sweeney

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: 12823388

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dave Camp For Congress 2006

Mailing Address 5915 Eastman Ave. Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution

Candidate Name
Rep. David Lee Camp

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 4

Transaction ID: 12823392

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Dave Camp For Congress 2006

Mailing Address 5915 Eastman Ave. Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution

Candidate Name
Rep. David Lee Camp

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 4

Transaction ID: 12864405

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Peter Hoekstra For Congress

Mailing Address 1454 Cimarron Drive

City Holland State MI Zip Code 49423

Purpose of Disbursement
Contribution

Candidate Name
Rep. Peter Hoekstra

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 2

Transaction ID: 12823395

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Longhorn PAC

Mailing Address 228 S. Washington St.
Suite B-20

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 12823383

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

2000.00

2006 Contribution

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

101713.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bricker & Eckler PAC

Mailing Address 100 South Third Street

City
Columbus

State
OH

Zip Code

Purpose of Disbursement

Refund - Replaces previous refund check

Candidate Name

010

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 12790641

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	0	6

Amount of Each Disbursement this Period

500.00

Refund - Replaces previous
refund check

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00106146	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Eagle Consulting Group		Date M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6	
Mailing Address 300 North 2nd Street Suite 430		Amount 6184.66	
City Harrisburg State PA Zip Code 17101		Transaction ID: 12800886	
Purpose of Expenditure Radio Production		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 7 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Joe Schwarz, M.D.		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 35000.04			
Full Name (Last, First, Middle, Initial) of Payee Multi Media Services Corporation		Date M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6	
Mailing Address 915 King Street 2nd Floor		Amount 28815.38	
City Alexandria State VA Zip Code 22314		Transaction ID: 12800886	
Purpose of Expenditure Radio Advertising		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 7 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Joe Schwarz, M.D.		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 28815.38			
(a) SUBTOTAL of Itemized Independent Expenditures		35000.04	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures		35000.04	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Melinda Hatton Signature		Date M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6	